



Saint Louis County

Public Health and Human Service Department – www.stlouiscountymn.gov

Ann M. Busche
Director

Parent Permission Form for Child in Placement

I, _____, hereby give my consent/authorization to St. Louis County Public Health and Human Services Department for _____, foster parents, to sign for my child(ren), _____, in the following situations:

(initial)

	1. To take my child(ren) out of the county: Why, when, and where:
	2. To take my child(ren) out of the state: Why, when, and where:
	3. Any school activities EXCEPT contact team sports or driver's training.
	4. General routine physical and dental examinations.
	5. To participate in recreational activities of the foster or group home within the State of Minnesota
	6. To administer non-prescription medicine to my child as he/she may need. This may include acetaminophen (Tylenol or the like), antacids, cold & allergy medicine (such as Triaminic); cough syrup and cough drops.
	7. If any medical, surgical, or dental care is required in county or out of county, I shall be contacted immediately. If such contact cannot be made, the bearer of this authorization may consent in my stead to all necessary medical, surgical, or dental procedures required by my child's condition. A current medical care is/is not in their possession.

Date or event on which this consent expires: _____

Instructions to Data Subjects:

I understand that I may revoke this consent upon written notice (not retroactive) and that this consent will be effective for the duration of the placement unless otherwise noted.

Signature of Parent/Guardian

Date

Address

Signature of Social Worker

Date

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